



DANCE FITNESS WORKSHOP

"Exercise Through Dance"

PROGRAM LOCATION, DATES & TIME

COLLEGE TOWERS APARTMENTS - 24 COLLEGE DRIVE
"THE COLGATE MEETING ROOM"

Fridays
1:00 PM - 2:00 PM

FRIDAY, MARCH 14, 2014 THROUGH FRIDAY, APRIL 25, 2014
OPEN TO ADULTS & SENIORS

ONGOING REGISTRATION AT SITE - FOR COLLEGE TOWERS RESIDENTS

*A CONTEMPORARY AND FUN INTRODUCTION TO THE BASIC ELEMENTS OF
SALSA, RHUMBA, WALTZ, FOXTROT, CHA CHA, TANGO, SAMBA AND MORE.*

Get up and Boogie!

INSTRUCTOR PETER ACETI, M.A., M.A., M.A.

CERTIFIED PHYSICAL EDUCATION/DANCE | 18 YEARS OF BALLROOM DANCE EXPERIENCE



PRESENTED BY: **MAYOR STEVEN M. FULOP**, THE JERSEY CITY MUNICIPAL COUNCIL
AND THE DEPARTMENT OF RECREATION



For more information, call 201 547 5003
or visit jerseycitynj.gov.

City of Jersey City Official Government Page
 JC_GOV





**MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION**



ADULT FITNESS CLASS

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Adult Fitness Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.

Signature: _____

Date: _____